Name: ..... No..... CH. 2/.....

Unit 6 Filling Out Form

Choose the types in the box and fill in with the picture.

1. School-related forms
2. Everyday forms
3. Work-related forms
4. Travel related forms
5. Leisure related forms

1.

Students Leave Letter Format

From Date: .....

Student Name :.....

Grade & Section :.....

Name of the Parent :.....

Address :.....

.....

.....

To

The Principal

Athena Global School

Chidambaram-608601

Sir

My son will/ could not attend the school on (date) .....due to (reason) .....I request to you grand leave for the above day/s.

Yours faithfully

Signature of the parent

Note: If leave is taken for more than 4 days medical certificate to be submitted from a physician.

.....

2.

Hotel Reservation Booking

Form No	
Applicant's Information:	
Name	
Address	
Telephone No	Email Address / Postal Zip Code
Hotel Reservation Information:	
Date of checking in	Date of checking out
Total Number of People	
Adults	Children
Specify Room Type	

N.B: Please note that single rooms are applicable for two persons and double rooms can be shared by four. The suite can be booked for five people. Additional room charge will be made for sharing beyond limit, per person.

.....

3.

Basic Employment Information Sheet

Employee Information

Full Name

Address

Home Phone ( ) Cell Phone ( )

Email Address

Social Security Number or Government ID

Birth Date Marital Status

Spouse's Name*

Spouse's Employer Spouse's Work Phone ( )

Job Information

Title Supervisor

Work Location E-mail Address

Work Phone ( ) Cell Phone ( )

Start Date Salary $

Emergency Contact Information

Full Name

Address

Primary Phone ( ) Cell Phone ( )

Relationship

Dependent Information (For insurance purposes only)

Name(s) of Dependent(s) Relationship to Employee

* A number of jurisdictions now allow domestic partners to register and they are then entitled to many of the benefits of spouses. If your jurisdiction permits such domestic partnerships, you may modify the form to read "Spouse/Domestic Partner." Given the proliferation of domestic partnerships, your company should carefully evaluate its policy with regard to such couples, both opposite-sex and same-sex.

.....

4.

CLT Communications LLC

316 3rd Av, P.O. Box 47, Clear Lake, WI 54005

263-2755

DIGITAL CATV Service Application Form

Date of Application Home Telephone #

Name of Applicant Cell Phone #

Daytime Tel #

Address Apt. #

P.O. Box

Owner of Dwelling: Yes No

If Renting, Owners Name and Tel #

Due Date for Service Installation

Do you have a High Definition TV: Yes No

Please Check Your Service Choices (fees quoted are monthly charges billed in advance):

$ 64.95 **Basic Digital Service**

Digital Movie Packages:

$ 12.95 6 HBO Channels

$ 10.95 4 Cinemax Channels

$ 10.95 10 Showtime Channels

$ 10.95 13 Starz/Encore Channels

HD Service

$ 13.95 25 High Definition Channels

A' La Carte Options

$ 6.95 Additional HD Digital Gateway Box

$ 7.95 Upgrade of HD Digital Gateway to Digital Video Recorder (DVR)

$ 14.95 Additional HD Digital Gateway with Digital Video Recorder (DVR)

.....

5.

La Salle Swimming Pool
Membership Application Form

Application No.:

Main Applicant (Membership No.: _____ Office use)

Name		Sex	
Date of Birth	DD/MM/YY	I.D. Card No.	
Phone No.	Home:	Mobile:	
Address		E-mail:	
Emergency Contact	Name:	Phone No.:	
Membership	☐ Regular membership (Individual / Family) ☐ Jan – Dec ☐ Jan – Jun ☐ Jul – Dec		
	Others Please specify: _____		
Office Use	Membership fee $ _____ Cash / Cheque/ Bank: _____	Receipt No. _____ Cheque No. _____	

First Family Applicant (Membership No.: _____ Office use)

Name	(M / F)	Phone No.	Mobile:
Date of Birth	DD/MM/YY	I.D. Card No.	
Relation with Main Applicant			

Second Family Applicant (Membership No.: _____ Office use)

Name	(M / F)	Phone No.	Mobile:
Date of Birth	DD/MM/YY	I.D. Card No.	
Relation with Main Applicant			

Third Family Applicant (Membership No.: _____ Office use)

Name	(M / F)	Phone No.	Mobile:
Date of Birth	DD/MM/YY	I.D. Card No.	
Relation with Main Applicant			

I hereby apply for myself and my family members listed in this Application Form if applicable) as members of La Salle Swimming Pool (the "Pool"), and agree that the application shall be subject to acceptance by La Salle College Sports Club Limited (the "Club"). I further agree and undertake to, and shall procure my family members and guests will, observe and comply with the following rules for membership of the Pool and any other terms and regulations as the Manager may impose on members of the Pool as well as all the terms and regulations for the use of the Pool from time to time.

_____ _____
Signature of Main Applicant Date

Remarks:
One passport size photo of each applicant should be submitted with this Application Form.
Payment shall be made in cash or by cheque drawn payable to "La Salle College Sports Club Limited".

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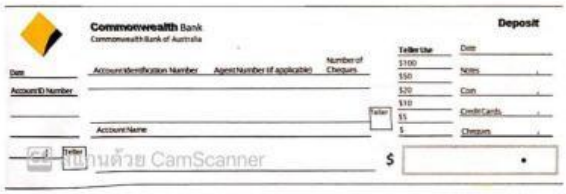
6.



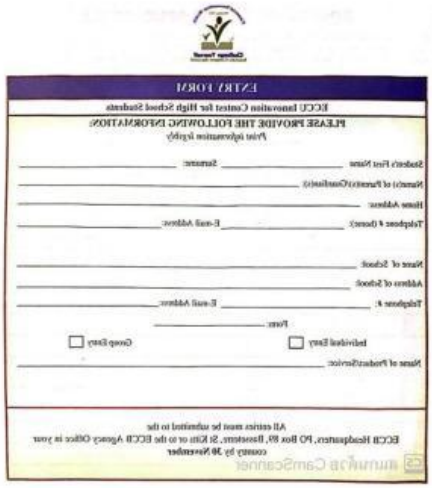
Commonwealth Bank
Commonwealth Bank of Australia

Deposit

Date
Account ID Number
Account/Identification Number | Agent Number (if applicable) | Number of Cheques
Account Name
Teller
Teller Use
$100
$50
$20
$10
$5
$
Date
Notes
Coin
Credit Cards
Cheques
$

.....

7.



ENTRY FORM
ECCII Innovation Center for High School Students
PLEASE PROVIDE THE FOLLOWING INFORMATION
Print information legibly
Student's First Name _____ Surname: _____
Name(s) of Parent(s)/Guardian(s) _____
Home Address: _____
Telephone # (home): _____ E-mail Address: _____
Name of School: _____
Address of School: _____
Telephone #: _____ E-mail Address: _____
From: _____
Individual Entry ☐ Group Entry ☐
Name of Product/Service: _____
All entries must be submitted to the
ECCII Headquarters, PO Box 89, Bluestone, St Ilan or to the ECCII Agency Office in your
country by 30 November

.....

8.

Pleading Paws Pet Rescue
www.pppr.org

Dog Adoption Application Form

Contact Information

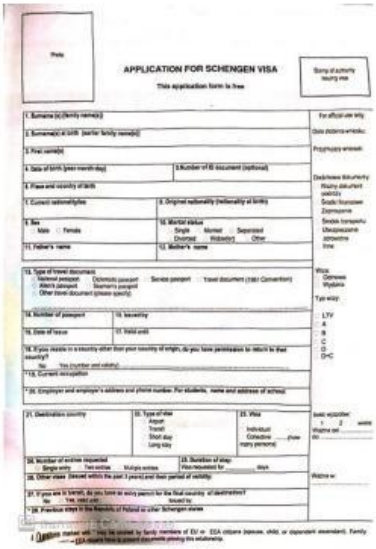
Full name: _____
Occupation: _____
Address: _____
How long at this address: _____
Daytime Phone: _____
Evening Phone: _____
Best time to call: _____
Email address: _____

Family & Housing

How many adults are there in your family (their relationship to you)?
_____
How many children (ages)?
_____
What type of home do you live in (single family, town home, apartment, farm, etc.)?
_____
Please describe your household: __ Active __ Noisy __ Quiet __ Average
If you rent, please give the rules governing pets and the landlord's name and number:
_____
(By providing this information you are allowing PPPR to contact your landlord please inform them of this call so they will speak with us)
Does anyone in the family have a known allergy to dogs? _____
Is everyone in agreement with the decision to adopt a dog? _____
Do you have time to provide adequate love and attention? _____

.....

9.



APPLICATION FOR SCHENGEN VISA

This application form is free

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10.

WAL*MART WAL*MART SUPERCENTRE Application For Employment

Personal Information

Date of Application: .....

Last Name: ..... Middle Initial: ..... First Name: .....

Address: ..... City: .....

Province: ..... Postal Code: ..... Home Phone #: .....

Alternate Telephone #: ..... E-mail: .....

Have you worked at Wal-Mart/SAM'S CLUB before: ☐ No ☐ Yes If yes, which store: ..... If yes, note dates: .....

Position

Position applying for: ..... ☐ Seasonal /Temporary .....

Are you interested in: ☐ Full Time (Min. of 28 hrs per week) ☐ Peak Time (Less than 28 hrs per week)

How did you learn about this opportunity? .....

Availability

Date available to start (dd/mm/yyyy): .....

Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more available you are, the more opportunities we can consider you for.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From							
To							
Overnight yes/no							

.....